Company ID: Internal Use Only	
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WACHOVIA PORTFOLIO-VISION ENROLLMENT/CHANGE FORM

This Enrollment Form must be completed in conjunction with an executed Wachovia Portfolio-Vision Services Agreement. Please print or type requested information. Please allow up to 15 business days to process.

MINIMUM COMPUTER REQUIREMENTS

The minimum system capabilities in order to access the Wachovia Portfolio-Vision Services are:

- An Internet Service Provider
- Modem speed of at least 33.6 kilobytes per second
- Microsoft Windows 98® or higher Microsoft Internet Explorer version 5.0 and higher, Netscape Navigator version 7.1 and higher & AOL 7.0 and higher, Adobe Acrobat Reader 5.0
- Macintosh 8&9 operating system Microsoft Internet Explorer version 5.1, Netscape Navigator version 6.0 and higher & AOL 5.0, Adobe Acrobat Reader 5.0

3.0, ridobe riciobat Reader 3.	0				
I. CLIENT INFORMATI	ON				
Company Name		Contact Name	Contact Name		
Daytime Phone		Street Address			
Daytime I none		Silect Address			
City, State, Zip, Country		E-mail Address			
II. USER INFORMATIO	N				
User Name	E-mail Address		Daytime Phone	User ID	
User Name	E-mail Address		Daytime Phone	User ID	
User Name	E-mail Address		Daytime Phone	User ID	
III. ADMINISTRATOR I	NFORMATION				
Administrator Name	Department	Department N		Iail Code	
Administrator Signature		Date			
IV. ACCOUNT ACCESS BELOW)	DEFINITION (PLEASE	LIST ACCOUNT I	NUMBER YOU NI	EED ACCESS	

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V. CLIENT AUTHORIZATION						
By signing below, you acknowledge that you have executed a Wachovia Portfolio-Vision Services Agreement (the "Agreement") and that you authorize Wachovia to add the account(s) listed in Section III above to Wachovia Portfolio-Vision Services as designated under the terms of the Agreement. You further acknowledge that the email address you have provided on this form under Section I is the "designated email address" where you will receive official notifications regarding the Wachovia Portfolio-Vision Services.						
Client Signature		Date				
TO BE COMPLETED BY WACHOVIA BUSINESS AND PRODUCT SOLUTIONS						
User IDs and passwords will be provided by Wachovia Business and Product Solutions						
Date Received	Specialist Name	Date Completed				

Return completed form to Wachovia Business and Product Solutions NC6252

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